

2072

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE				
						APPLICANT(S)					
CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
101						51					
102						52					
103						53					
104						54					
105						55					
106						56					
107						57					
108						58					
109						59					
110						60					
111						61					
112						62					
113						63					
114						64					
115						65					
116						66					
117						67					
118						68					
119						69					
120						70					
121						71					
122						72					
123						73					
124						74					
125						75					
126						76					
127						77					
128						78					
129						79					
130						80					
131						81					
132						82					
133						83					
134						84					
135						85					
136						86					
137						87					
138						88					
139						89					
140						90					
141						91					
142						92					
143						93					
144						94					
145						95					
146						96					
147						97					
148						98					
149						99					
150						100					
TOTAL IND.	5					TOTAL IND.					
TOTAL DEP.	39	↔	↔	↔		TOTAL DEP.	↔	↔	↔		
TOTAL CLAIMS	44					TOTAL CLAIMS					

1072

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
107268976 FILING DATE  
APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*		*		*		*
IND.	DEP.	IND.	DEP.	IND.	DEP.	
51	/					
52	/					
53	/					
54	/					
55	/					
56	/					
57	/					
58	/					
59	/					
60	/					
61	/					
62	/					
63	/					
64	/					
65	/					
66	/					
67	/					
68	/					
69	/					
70	/					
71	/					
72	/					
73	/					
74	/					
75	/					
76	/					
77	/					
78	/					
79	/					
80	/					
81	/					
82	/					
83	/					
84	/					
85	/					
86	/					
87	/					
88	/					
89	/					
90	/					
91	/					
92	/					
93	/					
94	/					
95	/					
96	/					
97	/					
98	/					
99	/					
100	/					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						